

APPARENTLY UNJUST.

Under date of September 18th, 1914, the editor of the *Southern California Practitioner* sends out a letter, a portion of which is as follows:

"The editor of this publication has been indicted by the federal grand jury on the charge of sending through the mails indecent matter described as 'obscene, lewd and lascivious,' because we published as an original article in our March issue a paper entitled 'What Fools these Mortals Be,' written by Dr. H. O. Hyatt of Kinston, N. C."

In the first place, this JOURNAL regrets most sincerely that this trouble and expense has fallen upon Dr. Malsbary, for even though he will probably be acquitted of any such charge, it will be a source of trouble and expense to him to defend his case. Government interference with medical publications is sometimes an absurdity, as witness the case of the British government proceeding against the book-seller who handled Havelock Ellis' first book, imposing a fine of 500 pounds and condemning the edition! It was subsequently reprinted. The article in the *Southern California Practitioner* to which exception is taken by the postal authorities is neither particularly well written nor is it in the same class with the contributions of Havelock Ellis; but it does contain certain things which it would be well for physicians to remember when they must advise or discuss with their patients matters relating to the sexual act, and as it is intended for physician readers exclusively, it could hardly be considered, certainly it could not be so considered by any physician, as "obscene, lewd and lascivious." Of course, such an article could not and would not be printed in a lay publication or in anything intended for the general reader; but it is equally true that very many articles are published in medical journals that could not be published in lay publications; they are intended exclusively for physicians and would be meaningless or injurious if scattered broadcast for perusal by the general reader. It certainly seems very unjust to proceed against the editor of a medical journal for publishing an article on sex relations when, in his judgment, it contains matter which should be brought to the attention of physicians. The physician holds a peculiar relation to the families of his patients and he is called upon to advise about the most intimate things; therefore he should be taught, he should know these things, and from time to time his memory should be refreshed upon them. This is for the good of the people themselves and not for their hurt. We sincerely trust that Dr. Malsbary will have little difficulty in getting rid of this case against him. •

ORIGINAL ARTICLES

EARLY SYMPTOMATOLOGY OF SUB-ACUTE BACTERIAL ENDOCARDITIS.

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During the past three years we have had opportunity of studying a number of cases of bacterial endocarditis of the subacute and chronic types. Our series consists of eighteen cases, of which thirteen were admitted to the medical clinic wards of Lane Hospital, three were seen in private practice by one of us (Wilbur) and two were seen in private practice by Dr. A. B. Spalding. Of the eighteen cases sixteen resulted fatally and two were discharged from the hospital improved and have not since been seen. Autopsy was performed on thirteen cases. In every case our diagnosis was confirmed by the isolation of bacteria from the blood during life, or from the lesions in the endocardium at autopsy.

Different names have been suggested for cases of this type, including malignant non-septic rheumatic endocarditis (Litten), endocarditis lento (Schottmuller), subacute malignant endocarditis, subacute septic endocarditis and subacute infectious endocarditis, but we have adopted the nomenclature of Libman on account of the simplicity of his classification. Libman includes under the name Bacterial Endocarditis all cases in which a bacterial etiology has been established, and he subdivides his cases into acute, subacute and chronic, according to the clinical course of each case. He further subdivides his cases as soon as the infecting organism has been identified; for example he speaks of acute, subacute or chronic streptococcus endocarditis, acute, subacute or chronic gonococcus endocarditis, etc., so that in the final classification we have before us the etiology and type of each particular case.

The relation of subacute and chronic bacterial endocarditis to malignant or septic endocarditis on the one hand, and to simple rheumatic endocarditis on the other has long been a subject of uncertainty. In 1889 Litten recognized a sharp distinction between those cases which were associated with acute sepsis of a secondary nature, usually streptococcus infections following abortion or delivery, and those of the type which we are describing. He pointed out that in the former cases the cardiac condition was merely an incident in the whole general pathological process, and that the cardiac symptoms in no way indicated that it was a preponderating feature of the clinical picture. He also noted that in these cases the infecting organism was always one of high virulence, and that the lesions in the endocardium, as well as those in the pericardium, pleura, joints, and the embolic infarctions were usually suppurative or hemorrhagic in character. In striking contrast to these were those cases which he described as malignant, non-septic, rheumatic endocarditis, where the infecting organism was always of lesser virulence, and where the cardiac condition appeared to